24. *Gelatine Suppositories for the Relief of Fecal Accumulations.*—Dr. NAGEL strongly recommends the use of gelatine suppositories for the relief of accumulations of hardened feces in the rectum and sigmoid flexure of the colon. The lower down in the intestines these accumulations descend, the harder and more bullet-like and more decomposed they become. They lose their plasticity, or in other words, their power of adapting themselves to the cylindrical shape of the bowel. They also become heavier, and sink downwards into the hollow of the ileum; they increase or even obliterate the normal Roman-S-like curve of the colon, elongate the rectum, extend behind the bladder, lie across the uterus, and push the bladder towards the left side. This is particularly the case in aged persons. Hence, perhaps, the surgical reason for making the incision on the left side in lithotomy, because it is easier in this way to reach the bladder, and to avoid wounding the rectum. These fecal accumulations may be induced by enlargement or retroversion and retroflexion of the uterus, or through the bladder being only partially emptied of its contents, or by hypertrophy of the prostate, or through the calibre of the rectum being diminished by internal hemorrhoids; defective innervation, atony, and want of due reflex irritability of the bowel, with thinning and atrophy of its muscular coat, may also set up coprostasis. These conditions are common in apoplectic and paraplegic cases. The indications for treatment must therefore be to macerate and soften the fecal masses, since they constitute fresh hindrances to a due action of the bowels, giving rise to stretching and paralysis of their muscular coat, and cause flatulence, prolapse of the rectum, involuntary emission of semen and urine, hernia, with venous congestion, and other similar inconveniences. After discussing various objections to eccoprotics, drastic purgatives, enemata of various kinds, and even to suppositories of cacao butter, Dr. Nagel states that suppositories of brown gelatine have been found by him to be of the greatest service in cases of obstinate coprostasis. He finds that when these suppositories have been first soaked for twelve hours in cold water, so as to be moderately swollen and soft on their exterior, and are then pushed as far as possible into the rectum, they gradually break up and soften the hard, bullet-like masses, and make them so soft and slippery that, when the patient's diet and regimen are carefully regulated, we may confidently expect a copious natural evacuation of pultaceous consistence in the course of little more than twenty-four hours. The explanation of their *modus operandi* is to be sought in the hygroscopic property of the gelatine. The suppositories should be introduced in the morning.—*Allgemeine Wiener Med. Zeitung*, April 1, 1873.

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25. *Echinococcus of the Spleen; Recovery.*—Drs. ROSENSTEIN and SANGER record a case of this in a woman æt. 37, who, previously quite healthy, began to suffer intense pain in the left side about two and a half years ago, and this became steadily worse, while, at the same time, a tumour grew at the painful spot. The tumour was found to be in connection with the spleen, and reached downwards seven centim. below the umbilicus, and formed a curvature towards the right and upwards, the extremity being at the xiphoid cartilage. The area of dulness of the spleen commenced at the ninth rib. The tumour fluctuated distinctly, and was very painful; it did not move with the motions of the diaphragm, and was not covered by any portion of the bowel. An exploratory puncture evacuated a limpid fluid of 1.007 sp. gr., which gave an opaque precipitate upon boiling, or upon addition of an acid. After the puncture the tumour disappeared, but returned in a few days again, much larger than before. A second and a third puncture gave exit to a purulent fluid, in which no hooks, or portions of such, were ever found. This, and the circumstance that the fluid which was at first removed contained albumen, made the presence of echinococci, at first supposed, seem improbable, and the diagnosis was restricted now simply to that of a cyst of the spleen. The increasing size and pain of the tumour made its extirpation necessary, and the operation was performed with perfect success. The cyst which was removed proved, after all, to be an echinococcus sac, in which several cysts, from the size of a pea to that of a hazelnut, were found. Scolices, or elements of these, could not be found, so that it was an instance of so-called acephalocyst. The most remarkable points in this

case are the occurrence of a solitary echinococcus in the spleen, the great painfulness of the tumour, and the presence of albumen in the fluid first removed.—*Irish Hosp. Gaz.*, August 15, 1873, from *Berliner Klin. Wochenschrift*, No. 20.

26. *Preventive Treatment of Uric Acid Calculi.*—Dr. Geo. Harley limited himself to the consideration of the means of arresting the formation of uric acid calculi, and facilitating the discharge of those not already too large to be voided by the natural channel, which included all calculi not exceeding the size of field-beans. Tea, coffee, wines, and beers were to be prohibited, or, at least, prescribed in very great moderation, to patients labouring under the uric acid diathesis. He next alluded to the recent proposal of Dr. Day, of Victoria, to give ozonic ether in such cases, and passed on to the consideration of the alkaline treatment. From the very earliest times, alkalies had been resorted to with the view of retaining uric acid in solution until its expulsion from the body; and what the ancients did empirically we moderns did scientifically by improved methods and with much greater success. The alkalies now in most general use were soda, potash, and lithia, in the form of carbonates, citrates, and acetates. Ammonia, on the other hand, was avoided in the uric acid diathesis, on account of the salt which it formed being less soluble than any of the others. The common idea was, that the action of alkalies in the uric acid diathesis was solely and purely a chemical one. There no doubt existed a chemical action, and that a most important one; but beyond this, there was an important physiological action produced in the body, through which the oxidation process was so much increased as to transform the little soluble uric acid into the very soluble urea. To Dr. Basham was due the establishment of this as a clinical fact. In the treatment of the uric acid diathesis, more depended on the dose than on the kind of alkali given. As a general law, it was unnecessary to render the urine more than neutral, except in cases where we were attempting the dissolution of stones already formed; but, even then, there was danger in making the urine either too alkaline, or retaining it in an alkaline state for too great a length of time. Dr. Nunneley found that from ten to eighteen drachms of citrate of potash in twenty-four hours notably diminished the excretion of urea; and Dr. Basham found that half-drachm doses given three times a day augmented it to even double or treble its previous amount. Dr. W. Roberts, of Manchester, found that while sixty grains of carbonate of potash to a pint of water daily dissolved twenty per cent. of an uric acid calculus, the solvent power of the solution gradually diminished as the solution was made weaker or stronger. Dr. George Harley called attention to the very great importance of the quantity and quality of the drinking water. Patients who had suffered from gravel or stone in one district, frequently got rid of it on removing to another; and this he had been able to trace to the difference in the quality of the water. Hard water, especially that from chalky districts, caused stone; soft water cured it. He consequently recommended the free use of distilled water, not only as a menstruum for the medicine, but also for cooking purposes. Moreover, as the more pure water taken, *cœteris paribus*, the more effectual was the treatment, he gave his patients, when possible, from twenty to forty ounces of filtered rain or distilled water in the twenty-four hours; and where they objected to its unpalatability, a squeeze of lemon or a pinch of salt was added to it. Hard water must in all cases be avoided. The only substantial benefit derived from mineral waters was, he believed, that the medicine was there given in a very dilute form. In mineral waters the relative proportions of their ingredients were not regulated according to the age, constitution, state of health, and other special requirements of the patient. As regarded the benefit of mineral waters in the uric acid diathesis, he pointed out that, contrary to some recent published opinions, it was due chiefly to the alkaline salts they contained. The writer concluded by saying that the chief obstacle to our success with chemical therapeutics in the treatment of calculi lay in the imperfect knowledge of physiology and chemistry possessed by practical men, who almost invariably failed in their endeavours to combine science with empiricism.—*Proceedings Brit. Med. Assoc.* in *Brit. Med. Journal*, Aug. 30, 1873.